

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Citizens 4 Ethics in Government

ADDRESS (number and street) ▼

4117 Hillsboro Pike

Suite 300-315

☐ Check if different than previously reported. (ACC)

Nashville

TN

37215

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00524082

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☒ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michael Leisey

Signature of Treasurer

Michael Leisey

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Citizens 4 Ethics in Government

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 07 / 19 / 2014 To: M M / D D / Y Y Y Y Y Y 09 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2014		561.98
(b) Cash on Hand at Beginning of Reporting Period.....	244061.98	
(c) Total Receipts (from Line 19)	450000.00	705000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	694061.98	705561.98
7. Total Disbursements (from Line 31)	693955.69	705455.69
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	106.29	106.29
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	147000.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Citizens 4 Ethics in Government

Report Covering the Period:

From:

M M / D D / Y Y Y Y
07 19 2014

To:

M M / D D / Y Y Y Y
09 30 2014
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

360000.00

545000.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

360000.00

545000.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

360000.00

545000.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

90000.00

160000.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

450000.00

705000.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

450000.00

705000.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	15840.00	27340.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	15840.00	27340.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	665115.69	665115.69
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	13000.00	13000.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	693955.69	705455.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	693955.69	705455.69

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	360000.00	545000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	360000.00	545000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	15840.00	27340.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	15840.00	27340.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Citizens 4 Ethics in Government

Full Name (Last, First, Middle Initial)

A. Mrs. William H. Clark

Mailing Address 3716 Maplewood Ave.

City State Zip Code
 Dallas TX 75205

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 25 2014

Transaction ID : SA11AI.4244

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

B. Kent Davis

Mailing Address 505 Skyhawk Place

City State Zip Code
 Franklin TN 37064

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 25 2014

Transaction ID : SA11AI.4246

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

C. James Edwards

Mailing Address 801 South Garner St

City State Zip Code
 State College PA 16801

FEC ID number of contributing federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 06 2014

Transaction ID : SA11AI.4284

Amount of Each Receipt this Period

2500.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

12500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Citizens 4 Ethics in Government

Full Name (Last, First, Middle Initial)

A. Cecile Gideon

Mailing Address 624 Westview Ave

City

Nashville

State

TN

Zip Code

37205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12500.00

Date of Receipt

08 / 06 / 2014

Transaction ID : SA11AI.4293

Amount of Each Receipt this Period

12500.00

Receipt

Full Name (Last, First, Middle Initial)

B. Mr. James M. Gilmore

Mailing Address 1551 Jennings Mill Rd

City

Bogart

State

GA

Zip Code

30622

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

08 / 06 / 2014

Transaction ID : SA11AI.4279

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

C. Robert L. Mercer

Mailing Address 600 Route 25A

City

East Setauket

State

NY

Zip Code

11733

FEC ID number of contributing
federal political committee.

C

Name of Employer

Renaissance Technologies

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300000.00

Date of Receipt

08 / 02 / 2014

Transaction ID : SA11AI.4271

Amount of Each Receipt this Period

300000.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

317500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Citizens 4 Ethics in Government

Full Name (Last, First, Middle Initial)

A. Andrew W. Miller Jr.

Mailing Address 30 Burton Hills Blvd.
Suite 325

City State Zip Code
Nashville TN 37215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Healthmark Ventures

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

140000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 24 / 2014

Transaction ID : SA11AI.4247

Amount of Each Receipt this Period

20000.00

Receipt

Full Name (Last, First, Middle Initial)

B. Kevin C Powers

Mailing Address 830 N. Wymore Rd

City State Zip Code
Maitland FL 32751

FEC ID number of contributing
federal political committee.

C

Name of Employer
Home Care Solutions

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 06 / 2014

Transaction ID : SA11AI.4286

Amount of Each Receipt this Period

10000.00

Receipt

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30000.00

360000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 21
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☒ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Citizens 4 Ethics in Government

Full Name (Last, First, Middle Initial)

A. Andrew W. Miller Jr.

Mailing Address 30 Burton Hills Blvd.
Suite 325

City State Zip Code
Nashville TN 37215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Healthmark Ventures

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

160000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 06 / 2014

Transaction ID : SA13.4283

Amount of Each Receipt this Period

20000.00

Loan to PAC

Full Name (Last, First, Middle Initial)

B. Andrew W. Miller Jr.

Mailing Address 30 Burton Hills Blvd.
Suite 325

City State Zip Code
Nashville TN 37215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Healthmark Ventures

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 06 / 2014

Transaction ID : SA13.4291

Amount of Each Receipt this Period

70000.00

Loan to PAC

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90000.00

90000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input checked="" type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Citizens 4 Ethics in Government

Full Name (Last, First, Middle Initial)

A. Andrew W. Miller Jr.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2014

Mailing Address 30 Burton Hills Blvd.
Suite 325

City Nashville State TN Zip Code 37215

Purpose of Disbursement
Loan Repayment

Candidate Name

Category/
Type**Transaction ID : SB26.4289**

Amount of Each Disbursement this Period

13000.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►

13000.00

TOTAL This Period (last page this line number only)..... ►

13000.00

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 12 OF 21

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4283

Citizens 4 Ethics in Government

LOAN SOURCE Full Name (Last, First, Middle Initial)

Andrew W. Miller Jr.

Election:

☐ Primary☐ General☐ Other (specify) ▼Mailing Address 30 Burton Hills Blvd.
Suite 325

City Nashville

State TN

ZIP Code 37215

Original Amount of Loan

20000.00

Cumulative Payment To Date

13000.00

Balance Outstanding at Close of This Period

7000.00

TERMS

Date Incurred

MM / DD / YYYY
08 / 06 / 2014

Date Due

MM / DD / YYYY
01/01/2022

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

7000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 13 OF 21

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4291

Citizens 4 Ethics in Government

LOAN SOURCE Full Name (Last, First, Middle Initial)

Andrew W. Miller Jr.

Election:

☐ Primary☐ General☐ Other (specify) ▼Mailing Address 30 Burton Hills Blvd.
Suite 325

City Nashville

State TN

ZIP Code 37215

Original Amount of Loan

70000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

70000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
08 / 06 / 2014

Date Due

M M / D D / Y Y Y Y

01/01/2020

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

70000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 14 OF 21

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4239

Citizens 4 Ethics in Government

LOAN SOURCE Full Name (Last, First, Middle Initial)

Tracy Miller

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 1209 Devens Dr

City Brentwood

State TN

ZIP Code 37027

Original Amount of Loan

70000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

70000.00

TERMS

Date Incurred

MM / DD / YYYY
07 / 15 / 2014

Date Due

MM / DD / YYYY
01/01/2025

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

70000.00

TOTALS This Period (last page in this line only)..... ►

147000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 15 OF 21
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Citizens 4 Ethics in Government		FEC IDENTIFICATION NUMBER ▼ C C00524082	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Gill Media		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address 1616 Westgate Circle		Amount 20000.00	
City Brentwood	State TN	Zip Code 37027	Transaction ID : SE.4231
Purpose of Expenditure Media Expense		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014
Name of Federal Candidate JOE S CARR		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: TN
Calendar Year-To-Date Per Election for Office Sought 259920.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Gill Media		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address 1616 Westgate Circle		Amount 15000.00	
City Brentwood	State TN	Zip Code 37027	Transaction ID : SE.4233
Purpose of Expenditure Media Expenses		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014
Name of Federal Candidate SCOTT EUGENE DESJARLAIS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: TN
Calendar Year-To-Date Per Election for Office Sought 274920.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	35000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Michael Leisey

[Electronically Filed]

Date

MM / DD / YYYY
10 / 15 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 16 OF 21
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Citizens 4 Ethics in Government			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00524082 </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee Gill Media			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 04 / 2014		
Mailing Address 1616 Westgate Circle			Amount 14700.00		
City Brentwood	State TN	Zip Code 37027	Transaction ID : SE.4269		
Purpose of Expenditure Media-Radio		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 04 / 2014		
Name of Federal Candidate SCOTT EUGENE DESJARLAIS			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: TN		
Calendar Year-To-Date Per Election for Office Sought 591815.69			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jamestown Associates			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014		
Mailing Address 5 Mapleton Rd			Amount 100000.00		
City Princeton	State NJ	Zip Code 08540	Transaction ID : SE.4219		
Purpose of Expenditure Media Expense		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014		
Name of Federal Candidate LAMAR ALEXANDER			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: TN		
Calendar Year-To-Date Per Election for Office Sought 100000.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			114700.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Michael Leisey</u>			Date MM / DD / YYYY 10 / 15 / 2014		

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 17 OF 21
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Citizens 4 Ethics in Government			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00524082</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>					
Full Name of Payee Jamestown Associates			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		
Mailing Address 5 Mapleton Rd			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
City Princeton		State NJ	Zip Code 08540		Transaction ID : SE.4227
Purpose of Expenditure Media Expense		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>	
Name of Federal Candidate LAMAR ALEXANDER			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>TN</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Jamestown Associates			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		
Mailing Address 5 Mapleton Rd			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
City Princeton		State NJ	Zip Code 08540		Transaction ID : SE.4229
Purpose of Expenditure Media Expense		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>	
Name of Federal Candidate LAMAR ALEXANDER			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>TN</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 139920.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Michael Leisey</i>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> [Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 18 OF 21
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Citizens 4 Ethics in Government			FEC IDENTIFICATION NUMBER ▼ C C00524082		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Jamestown Associates			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014		
Mailing Address 5 Mapleton Rd			Amount 10000.00		
City Princeton	State NJ	Zip Code 08540	Transaction ID : SE.4198		
Purpose of Expenditure Media Expense		Category/Type 	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014		
Name of Federal Candidate JOE S CARR		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: TN		
Calendar Year-To-Date Per Election for Office Sought 284920.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jamestown Associates			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014		
Mailing Address 5 Mapleton Rd			Amount 11040.00		
City Princeton	State NJ	Zip Code 08540	Transaction ID : SE.4204		
Purpose of Expenditure Media Expense		Category/Type 	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014		
Name of Federal Candidate LAMAR ALEXANDER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: TN		
Calendar Year-To-Date Per Election for Office Sought 295960.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			21040.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			 		
(c) TOTAL Independent Expenditures..... ▶			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Michael Leisey</i>		[Electronically Filed]		Date MM / DD / YYYY 10 / 15 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 19 OF 21
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Citizens 4 Ethics in Government			FEC IDENTIFICATION NUMBER ▼ C C00524082	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Jamestown Associates			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 04 / 2014	
Mailing Address 5 Mapleton Rd			Amount 144407.00	
City Princeton	State NJ	Zip Code 08540	Transaction ID : SE.4260	
Purpose of Expenditure Media-TV		Category/Type 	Date of Disbursement or Obligation MM / DD / YYYY 08 / 04 / 2014	
Name of Federal Candidate JOE S CARR		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: TN	
Calendar Year-To-Date Per Election for Office Sought		440367.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Jamestown Associates			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 04 / 2014	
Mailing Address 5 Mapleton Rd			Amount 124967.00	
City Princeton	State NJ	Zip Code 08540	Transaction ID : SE.4264	
Purpose of Expenditure Media Expense		Category/Type 	Date of Disbursement or Obligation MM / DD / YYYY 08 / 04 / 2014	
Name of Federal Candidate JOE S CARR		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: TN	
Calendar Year-To-Date Per Election for Office Sought		565334.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			269374.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Michael Leisey</i>		[Electronically Filed]		Date MM / DD / YYYY 10 / 15 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 20 OF 21
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Citizens 4 Ethics in Government			FEC IDENTIFICATION NUMBER ▼ C C00524082	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Jamestown Associates			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 06 / 2014	
Mailing Address 5 Mapleton Rd			Amount 48300.00	
City Princeton	State NJ	Zip Code 08540	Transaction ID : SE.4275	
Purpose of Expenditure Media Expense		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYY 08 / 06 / 2014	
Name of Federal Candidate JOE S CARR		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: TN	
Calendar Year-To-Date Per Election for Office Sought		640115.69	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Jamestown Associates			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 06 / 2014	
Mailing Address 5 Mapleton Rd			Amount 25000.00	
City Princeton	State NJ	Zip Code 08540	Transaction ID : SE.4277	
Purpose of Expenditure Media Expense		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYY 08 / 06 / 2014	
Name of Federal Candidate LAMAR ALEXANDER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: TN	
Calendar Year-To-Date Per Election for Office Sought		665115.69	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			73300.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Michael Leisey		[Electronically Filed]		Date MM / DD / YYYY 10 / 15 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 21 OF 21
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Citizens 4 Ethics in Government			FEC IDENTIFICATION NUMBER ▼ C C00524082	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Right Way Marketing		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 04 / 2014		
Mailing Address 354 Shadowtown Rd. Suite 205		Amount 11781.69		
City Blountville	State TN	Zip Code 37617	Transaction ID : SE.4266	
Purpose of Expenditure Media-TV		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 04 / 2014	
Name of Federal Candidate SCOTT EUGENE DESJARLAIS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>TN</u>	
Calendar Year-To-Date Per Election for Office Sought		577115.69	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address		Amount		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY	
Purpose of Expenditure		Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		11781.69		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....		665115.69		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Michael Leisey</i>		Date MM / DD / YYYY 10 / 15 / 2014		
		[Electronically Filed]		